

Blind Rehabilitation Service



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Department of Veterans Affairs

We dedicate this publication to VA's half century of distinguished service to blinded veterans and a legacy of excellence. From a humble beginning to a program of national prominence, Blind Rehabilitation Service has become one of the Department of Veterans Affairs' outstanding success stories. We honor the extraordinary talents, commitment and high professional standards of the early pioneers and the current staff. In more than five decades of leadership, the principles and programs established within VA have significantly contributed to raising the level of quality services for the blind in the United States and abroad.

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Avon Old Farm campus is where 850 blinded servicemen were trained from 1944-1947.

VA Blind Rehabilitation Service

July 4, 1998, marks the 50th anniversary of VA Blind Rehabilitation Service with the establishment of the first VA Blind Rehabilitation Center (BRC) at Edward Hines Jr. Hospital in the western suburbs of Chicago. From a humble beginning with a nine-bed facility and a staff of nine, VA Blind Rehabilitation Service has grown significantly during the past half century, marked by a continued expansion of comprehensive rehabilitation services to blinded veterans.

There are now nine BRCs strategically located throughout the country and Puerto Rico, 92 full-time Visual Impairment Service Team (VIST) Coordinators and 15 Blind Rehabilitation Outpatient Specialists (BROS). VA, through its innovative training programs, education and research, is recognized nationally and internationally for its leadership role as a premier service provider.

President Roosevelt's Commitment

The roots of VA Blind Rehabilitation Service can be traced directly to the pioneering military rehabilitation programs for war-blinded servicemen of WW II and events surrounding that armed conflict.

Early in WW II, the United States government was uncertain whether to pass legislation for a unified rehabilitation program for both disabled war-injured and civilians, or to establish separate programs. In 1942, President Franklin Roosevelt delivered a special address to Congress personally advocating a unified plan serving both civilians and veterans. However, pressure from veteran service organizations resulted in legislation supporting separate programs, and the passing of *Public Law 78-16* on March 24, 1943, which authorized VA to provide benefits, including vocational rehabilitation to veterans. Three months later, passing of the *Barden-LaFollette* bill provided rehabilitation for disabled civilians.



The first VA Blind Rehabilitation Center (relocated in 1970) was established in 1948 at Edward J. Hines Jr. Hospital near Chicago, Ill.

On Jan. 8, 1944, the United States government made an extraordinary commitment to the blinded war-injured with an order under President Roosevelt's signature declaring "no blinded servicemen from WWII would be returned to their homes without adequate training to meet the problems of necessity imposed upon them by their blindness."

Army and Navy Programs

To meet this commitment, the Army Medical Corps developed a three-phase program. The medical and surgical treatment of the blinded soldier was to be accomplished at two chief centers. One was Letterman General Hospital, San Francisco, Calif., later transferred to Dibble General Hospital, Menlo Park, Calif.; and the other at Valley Forge General Hospital, Phoenixville, Pa.

While receiving medical care, the blinded servicemen started to receive basic blind rehabilitation training. The second phase was at Old

Farms Convalescent Hospital, Avon, Conn., where an 18-week, extensive rehabilitation training and vocational training program was conducted. The Navy operated another special program for sailors and naval officers at Philadelphia Naval Hospital. The final stage of the rehabilitation program was the discharge of the soldier or sailor, at which time VA would provide vocational training and placement.

The Army programs were heavily modeled after the St. Dunstan blind rehabilitation program in England and, from 1944 through 1947, provided 1,400 war-blinded servicemen rehabilitation training that many considered superior to existing services in the private sector.

VA Adopts New Mission

With the conclusion of WWII and the probability of the deactivation of the military blind rehabilitation program, the question arose as to which agency would provide remedial and ongoing treatment of the 1,400 war-blinded veterans.

In the spring of 1947, the Federal Budget Bureau raised the question of whether VA could legally provide any services beyond vocational rehabilitation. President Harry Truman, on May 28, 1947, settled the issue by signing a Presidential Order whereby responsibility for the social adjustment training of blinded servicemen was transferred from the Army and Navy to VA. In June 1947, the armed services deactivated all wartime rehabilitation programs for blinded servicemen.



The first VA Blind Rehabilitation Center staff at Hines (1948). First row (from left): A. Stafford Chiles, Russell C. Williams, Dr. Louis Newman, Edward Mees and Joseph Romanko. Back row (from left): Edward Thuis, Loretta Goergen, Alfred Corbett and Stanley Suterko.

Hines Chosen as First Site

On Sept. 15, 1947, VA Administrator Gen. Omar Bradley and VA Chief Medical Director Gen. Paul Hawley appointed C. Warren Bledsoe as VA Coordinator of Blinded Veterans Affairs, charged with the development of a blind rehabilitation program. Hines Hospital was selected as the site of the first VA BRC, due in part to its large and well-functioning Physical Medicine and Rehabilitation Department. On Feb. 20, 1948, Russell C. Williams, a WWII blinded veteran and former counselor at the Valley Forge Military Rehabili-



Russell C. Williams, Hines BRC Chief, greeting first patient, Naron Ferguson, on Independence Day 1948.

tation Program, was appointed Chief of the new center. A group of three outside consultants—comprised of Kay Gruber, Harry Sparr and Dr. Richard Hoover—were selected to assist Williams in selecting, indoctrinating, and training the nine-member staff.

After four months of intensive staff training, the nine-bed unit admitted the first patient, Naron Ferguson, on July 4, 1948. Williams, himself a product of both the Valley Forge and Old Farms blind rehabilitation programs, provided expert leadership in developing a model program. A well-rounded instructional curriculum was constructed around Williams' unshakable faith in the capabilities of the blinded veterans.

Orientation and Mobility

The rehabilitation was demanding, with both high expectations and standards. The long cane concept, developed by Richard Hoover at Valley Forge Hospital, was instituted, refined, and expanded by the staff. During the next two decades, a systematic approach to independent travel utilizing the long cane technique became the foundation of the new training in Orientation and Mobility.

Early interest in the new training program and techniques taught became so widespread that other rehabilitation professionals and agencies



A veteran receives long cane instruction from early mobility instructor Jim Enzinna.

requested and were granted rudimentary training at Hines BRC. From 1949 to 1960, the Hines Orientation and Mobility staff also conducted more than one dozen workshops for teachers at several universities and schools for the blind in the principles of the new long cane techniques.

BRC During Korean Conflict

During the Korean War in 1951, the beds at Hines BRC were increased to 27, plus an additional 13 beds in the Ophthalmology Ward. The nature of combat in the Korean War resulted in numerous instances of blindness and multiple handicaps. More than 500 servicemen were blinded, accounting for five percent of all casualties, the highest ratio of any American

conflict up to that time. During this period, the blind rehabilitation program at Hines treated a substantial number of unique cases including bilateral hand amputees, unilateral arm amputees,



Multiply-handicapped blinded veteran using adaptive devices.

unilateral and bilateral leg amputees, neurologically impaired, and brain injured. Many new techniques were created, as well as adaptations to training and prosthetic devices, which later proved to benefit the general population.

In 1953, VA, with the cooperation of the Department of Agriculture, produced a one-hour film entitled *The Long Cane*, which documented the adjustment process. Utilizing the BRC staff at Hines and featuring a blinded veteran, Lloyd

Greenwood (later the Executive Director of BVA), the film was created to promote awareness of the new program within the VA system. During the ensuing years, the film was viewed by not only VA personnel but seen

throughout the country and abroad by a variety of organizations as a model training film on blindness and mobility.

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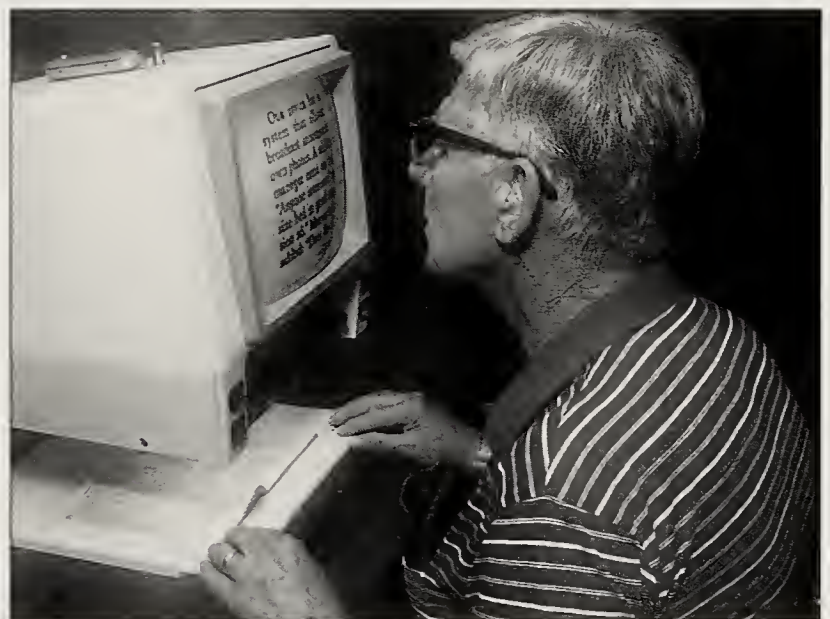
Western Michigan University intern observing veteran being instructed in manual skills.

University Training Programs

Beginning in 1960, VA assisted in playing a major role in developing university training programs in blind rehabilitation. In 1961 and 1962, VA approved clinical training affiliations with Western Michigan University (WMU) to train Orientation and Mobility specialists and Rehabilitation teachers at Hines. Support for funding the university program was under the sponsorship of the Department of Health, Education and Welfare. Three staff members from the Hines BRC had previously joined the WMU program to administer it and create the Orientation and Mobility training segment. The program at WMU soon became an

outstanding model for the many university training programs to follow.

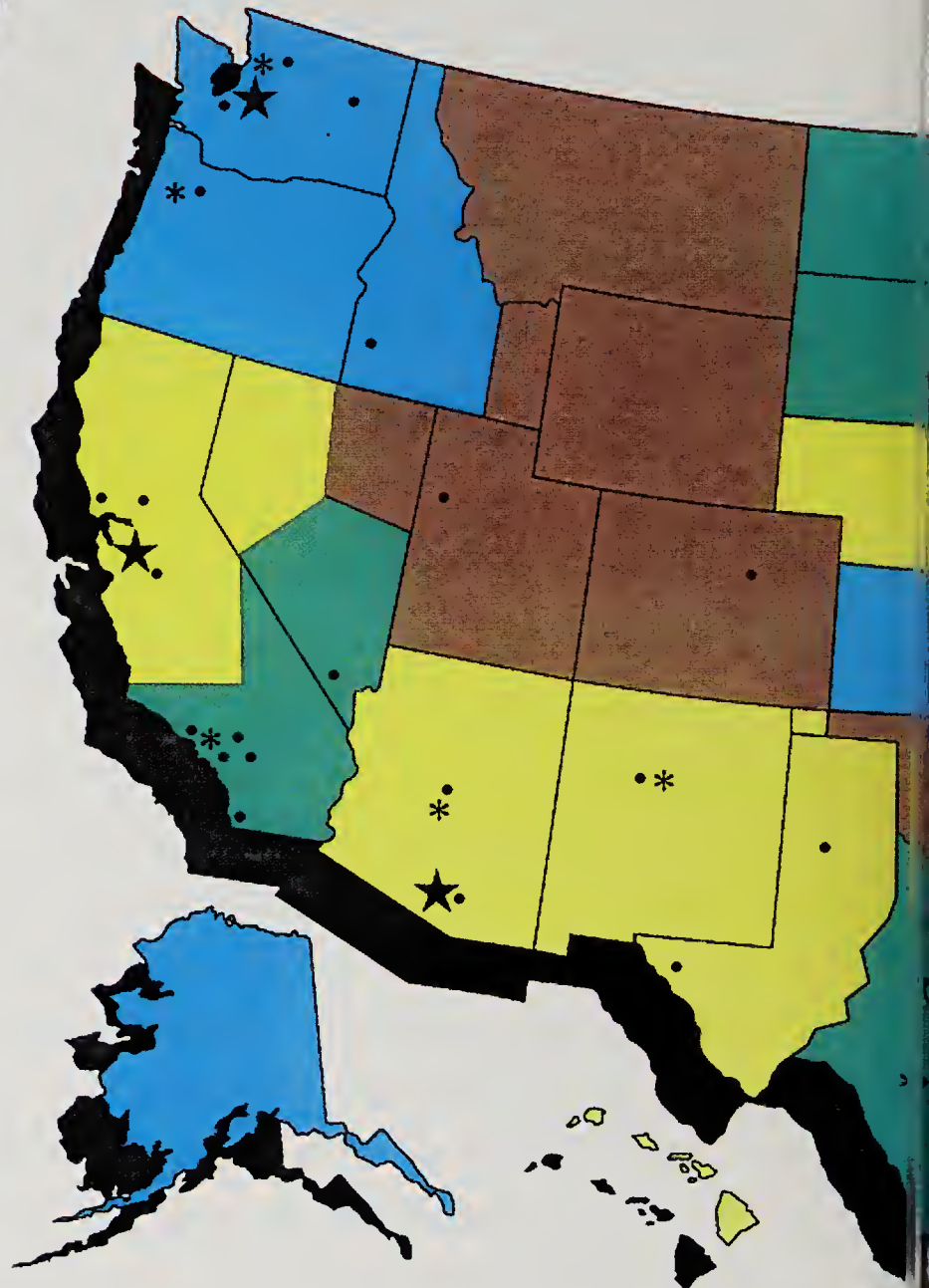
Through the continued support of VA stipends and new university affiliations, VA BRCs have played a major role in preparing teachers in blind rehabilitation. Nationally, 1,154 specialists in Orientation and Mobility, and Rehabilitation Teaching have received their clinical intern training at a VA BRC. In addition, through a VA-funded Optometric Residency Program, 117 optometrists have successfully completed residency training at a VA BRC, while 849 optometry students have also received training.



Research and evaluation of new technology resulted in programs in closed circuit television, reading machines and computers.



Blind Rehab



Veterans Integrated

★ BLIND REHABILITATION CENTERS

American Lake/Tacoma, Wash.
Augusta, Ga.
Birmingham, Ala.
Hines, Ill.
Palo Alto, Calif.
San Juan, P.R.
Tucson, Ariz.
Waco, Texas
West Haven, Conn.

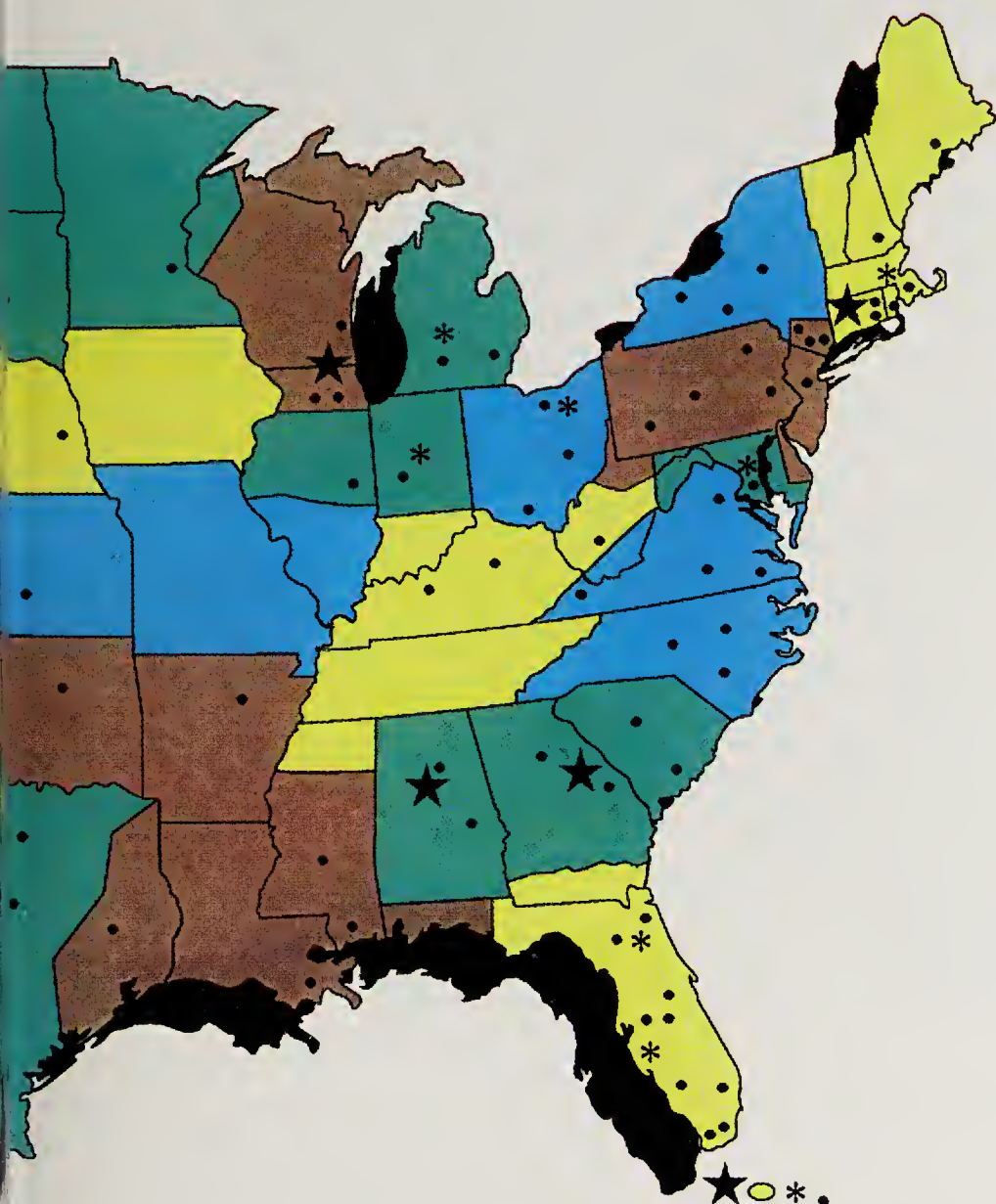
● VIST PROGRAMS (Full-Time)

Birmingham, Ala.
Tuskegee, Ala.
Little Rock, Ark.
Phoenix, Ariz.
Tucson, Ariz.
Fresno, Calif.
Loma Linda, Calif.
Long Beach, Calif.
Los Angeles, Calif.
Sacramento, Calif.
San Diego, Calif.
San Francisco, Calif.
Denver, Colo.
West Haven, Conn.

Washington D.C.
Bay Pines, Fla.
Ft. Myers, Fla.
Gainesville, Fla.
Jacksonville, Fla.
Miami, Fla.
Oakland Park, Fla.
Orlando, Fla.
Tampa, Fla.
West Palm Beach, Fla.
Augusta, Ga.
Decatur, Ga.
Boise, Idaho
VA Chicago (West Side), Ill.
Hines, Ill.

Indianapolis, Ind.
Des Moines, Iowa
Wichita, Kan.
Lexington, Ky.
Louisville, Ky.
New Orleans, La.
Shreveport, La.
Togus, Maine
Baltimore, Md.
Boston, Mass.
Ann Arbor, Mich.
Detroit, Mich.
Minneapolis, Minn.
Biloxi, Miss.
Jackson, Miss.

Rehabilitation Services



Service Networks

Kansas City, Mo.
St. Louis, Mo.
Omaha, Neb.
Las Vegas, Nev.
Manchester, N.H.
East Orange, N.J.
Albuquerque, N.M.
Albany, N.Y.
Brooklyn, N.Y.
Buffalo, N.Y.
New York, N.Y.
Northport, N.Y.
Syracuse, N.Y.
Durham, N.C.
Fayetteville, N.C.

Winston-Salem, N.C.
Cincinnati, Ohio
Cleveland, Ohio
Columbus, Ohio
Muskogee, Okla.
Oklahoma City, Okla.
Portland, Ore.
Lebanon, Pa.
Philadelphia, Pa.
Pittsburgh, Pa.
Wilkes-Barre, Pa.
San Juan, P.R.
Providence, R.I.
Charleston, S.C.
Columbia, S.C.

Sioux Falls, S.D.
Dallas, Texas
El Paso, Texas
Houston, Texas
Lubbock, Texas
San Antonio, Texas
Waco, Texas
Salt Lake City, Utah
Hampton, Va.
Richmond, Va.
Salem, Va.
American Lake, Wash.
Seattle, Wash.
Spokane, Wash.
Huntington, W.Va.
Milwaukee, Wis.

★ BLIND REHABILITATION OUTPATIENT SPECIALIST PROGRAMS (BROS)

Albuquerque, N.M.
Ann Arbor, Mich.
Bay Pines/St. Petersburg, Fla.
Baltimore, Md.
Boston, Mass.
Cleveland, Ohio
Dallas, Texas
Gainesville, Fla.
Los Angeles, Calif.
Phoenix, Ariz.
Portland, Ore.
San Antonio, Texas
San Juan, P.R.
Seattle, Wash.
West Haven, Conn.

New Centers Open

After 18 years with only one VA BRC, a combination of events led to a steady expansion. The Vietnam War—coupled with the earlier inclusion of non-service connected veterans, more low-vision applicants, and a more expansive referral system—increased the demand for additional blind rehabilitation sites. BRCs were strategically created within the VA system at Palo Alto (Calif.) VAMC (1967), West Haven (Conn.) VAMC (1969), American Lake (Wash.) VAMC (1971), Waco (Texas) VAMC (1974), Birmingham (Ala.) VAMC (1982), San Juan, Puerto Rico VAMC, (1986), Tucson (Ariz.) VAMC (1994), and Augusta (Ga.) VAMC (1996).

As the number of VA BRCs expanded, so did the number of accomplishments and innovations. Research was conducted in fostering advances and progress in electronic travel aids, reading machines, low-vision devices, and computers. Involvement in prosthetic equipment evaluations directly resulted in new clinical programs. VA Blind Rehabilitation Service led the nation in incorporating a family training program at all its facilities. The development of new methodology in the blind rehabilitation of the multiply handicapped, the geriatric population, and in program evaluations continued through the 1970s, '80s, and into the '90s.

The multi-disciplinary team approach to treatment was expanded to include not only blind rehabilitation specialists, but also a physician, nurse, optometrist, dietitian, social worker, and psychologist. Regardless of discipline, all team members' efforts focused on promoting health, developing skills of independence, and



Veteran being taught by a nurse to independently administer medications.

improving adjustment to sight loss.

Today, VA has 228 beds committed to the nine BRCs staffed by more than 300 blind rehabilitation specialists and support personnel providing a variety of training programs. Last year, 1,634 blinded veterans attended a BRC; and since 1948, 23,411 blinded veterans participated in a residential BRC training program.

Research Studies

The first comprehensive follow-up study of WWII and Korean blinded veterans was conducted from 1952 to 1954, involving 386 VA social workers interviewing 1,949 service-

connected blinded veterans. The number represented all but 12 of the war-injured still living. Overall, the final report conclusively substantiated the economic and psychological advantages of rehabilitation. Veterans who received blind rehabilitation rated considerably higher in employment and social adjustment.

A smaller follow-up research effort, *851 Blinded Veterans: A Success Story* was conducted 10 years later by the American Foundation for the Blind, with technical assistance from the Blinded Veterans Association and VA funding. Again, data clearly demonstrated the long-term value of blind rehabilitation.

One of the findings of the survey was that an alarmingly high percentage of veterans had not had an eye exam in five years, while a substantial number had a hearing loss or neglected health-related problems. The need for a coordinated outpatient program that would monitor blinded veterans' health on a routine basis was apparent.

VIST is Formed

On Feb. 8, 1967, the VA Department of Medicine and Surgery Manual M-2, *Professional Services*, included a new section in Blind Rehabilitation, creating the Visual Impairment Service Team—VIST. Formalized and long advocated by Russell Williams, then Chief of the Blind Rehabilitation Section in VA Central Office (VACO), the document charged 71 specific field stations within VA to establish coordinated outpatient services for eligible blinded veterans nationwide. It was initially done without additional funds or positions.

The VIST was to be comprised of a



Ellen Papadimoulis, VAMC Cleveland, one of the original VIST Coordinators, consulting with a veteran.

coordinator and representatives from all disciplines available at the facility who could offer a service to blinded veterans. These disciplines included Ophthalmology, Optometry, Audiology and Speech Pathology, Medicine, Podiatry, Nursing, Psychology, Dietetics, Social Work, Library, and Veterans' Assistance. The VIST was designed as the VA's frontline diagnostic and treatment agent for blindness. It was a VIST program construct that no adjustment patterns under blindness are fixed or unchanging. The VIST Coordinator ensured that all eligible blinded veterans were routinely informed of VIST services and invited to the local health care facility on a yearly basis for a review of their physical, social and psychological needs, plus a review of benefits. The reviews often resulted in additional services, including referral to a BRC.

During the following years, the VIST has served to strengthen the comprehensiveness of VA Blind Rehabilitation Service with early rehabilitation intervention for veterans in their adjustment to the impact of sight loss.

In 1978, six full-time VIST Coordinators were centrally funded. This number has grown with the success of the program to 92 full-time VIST Coordinators today, serving 30,124 blinded veterans on the VIST roles. Last year, 10,852 VIST reviews were conducted nationally.

BROS Positions Established

The latest innovation in strengthening services in VA Blind Rehabilitation Service occurred in 1995 with the establishment of 15 Blind Rehabilitation Outpatient Specialists (BROS) positions. These multiply-trained, blind rehabilitation specialists provide selective rehabilitation training to veterans in their local environment prior to and following participation in a BRC program. In special cases, veterans unable to participate in an inpatient program are eligible for BROS services. BROS work closely with VIST Coordinators and the regional BRC in providing a continuum of care. Since the inception of the BROS program, 1,308 veterans have received this training.

History of Leadership

Since 1948, VA has been fortunate in the quality of VA leadership in Blind Rehabilitation Service. Under the direction of only four men—C. Warren Bledsoe (1947-1958), Russell C. Williams (1959-1975), George M. Gillespie (1976-1979) and Don E. Garner (1979-present)—services for blinded veterans have steadily improved in sophistication and scope. VA continues to examine the quality of its work.

In 1995, VA BRCs and VIST developed a national standard in “Preferred Practice Patterns,” providing a clinical baseline for quality

care. In a joint research effort with the VA Rehabilitation Research and Development Center in Decatur, Ga., Blind Rehabilitation Service began work in 1996 in developing *National Outcome*



Don E. Garner is the current Director, Blind Rehabilitation Service, VACO.

Measures to verify the quality and cost-effectiveness of rehabilitation services. This project has been expanded to add a number of private and state agencies interested in joining VA in the development of national outcomes.

In addition, VA is collaborating with the Commission for Accreditation of Rehabilitation Facilities (CARF) in developing national accreditation standards for VA blind rehabilitation services.

Blinded Veterans Association

It is impossible to consider the growth and accomplishments of VA Blind Rehabilitation Service without recognizing the constant support and partnership it has enjoyed with the BVA. The BVA was founded on March 8, 1945, by 100 blinded veterans at Avon Old Farms Convalescent Hospital. During the next few years, the BVA vigorously campaigned for VA to create a BRC. At the second BVA national convention in 1947, the Board of Directors issued three strong recommendations for VA improvement, of which the establishment of a BRC was foremost. Very soon thereafter, VA approved plans for a center at Hines Hospital. Since the inception of Blind Rehabilitation Service, the BVA has continued its active



“Grey Fox,” a 1990 bronze sculpture by blinded Vietnam veteran and BRC graduate Michael Naranjo.

partnership for advocating the highest quality blind rehabilitation programs.

On countless occasions, when VA services for the blind were threatened, the BVA rose to the challenge and engaged the highest level of VA management and Congress to seek equitable solutions. As a tribute to the 50th anniversary of VA Blind Rehabilitation Service, the BVA has scheduled its 53rd National Convention at the Wyndham Hotel, Itasca, Ill., Aug. 10-15, 1998.

Veterans’ Art

In the spirit of recognizing the contributions of BRC programs to veterans, VACO will exhibit the work of Michael Naranjo, a native American sculptor from New Mexico, blinded in Vietnam and a graduate (1968) of the Western Blind Rehabilitation Center at Palo Alto, Calif. Tipper Gore, the Vice President’s wife, will open the

exhibit of touchable bronzes in the VA lobby, honoring innovations in blind rehabilitation, research and education, and celebrating the commitment to blinded veterans. Naranjo’s artwork will then be shown on Capitol Hill and at the Very Special Arts Gallery, Washington D.C., before being offered to the International Millennium Committee for possible exhibition in U.S. embassies around the world.

A second exhibit, *In Touch With Art*, created by six artists inspired by the fable *The Blind Men and the Elephant*, will be installed in the hotel lobby at the BVA National Convention. The show will then travel to interested VA BRCs around the country. This artwork has also been offered to the International Millennium Committee for display.

The artwork of VA BRC graduates, who continue to create in a variety of media despite their visual impairments, will also be presented at the BVA convention hotel. Wood-turned vessels, fiber art, ceramics, and paintings by blinded veterans will be exhibited, acknowledging the direct role the arts play in improving the quality of their lives.

VA Legacy and Future

The Department of Veterans Affairs looks to the millennium as a time of new challenges and opportunities. Through innovative programs, research, and education, VA Blind Rehabilitation Service will continue to meet the needs of blinded veterans. The tradition of commitment to excellence has become the standard and will endure as a legacy for generations to come.



HINES BRC
1948



PALO ALTO BRC
1967



WEST HAVEN BRC
1969



AMERICAN LAKE BRC
1971



WACO BRC
1974

"A Blind Center is where faith is strongest that blind people deserve hope, respect and freedom. These are accorded first, followed by the means of achieving them. Our civilization permits wholesome living when blind and here one learns how."

Russell C. Williams



AUGUSTA BRC
1996



TUSCON BRC
1994



PUERTO RICO BRC
1986



BIRMINGHAM BRC
1982



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